



Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov		Date Approved
Received By			Approved By
Application for Reciprocity/Equivalency			

For both Equivalency and Reciprocity, the candidate **MUST MAIL** in all documentation. Application must be original; all other documentation may be copies. The Division of Fire Safety will not accept any faxed or emailed applications. (This is a 2 page application)

Personal Information:

Social Security #	Last Name	Suffix	First Name	MI	County of Residence
Mailing Address of Applicant			City	State	Zip Code
Date of Birth	Driver's License #	D.L. State	Personal Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell	Email Address	
Sex	High School Diploma?	GED?	Fire Fighter Status (If Applicable)		
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Volunteer FF <input type="checkbox"/> Paid FF		

Current Fire Department Information:

FDID No.	Department Name	Dept Phone # (non-emerg.)	Years of service
Department Street Address		City	State Zip Code

Have you ever forfeited bond, entered a plea of guilty or been convicted of any criminal offense (other than minor traffic offenses)?

☐ Yes ☐ No If yes, explanation regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense **MUST BE SUBMITTED**. Attach detailed explanation.

Equivalency/Reciprocity Applying For: (check all applicable boxes)

Fire Protection	<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Firefighter II	Driver-Operator	<input type="checkbox"/> Pumper
	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard		<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard
Hazardous Materials	<input type="checkbox"/> Awareness	<input type="checkbox"/> Operations		
	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard		
Fire Officer	<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	Fire Inspector	<input type="checkbox"/> Inspector I
	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard		<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard
Fire Service Instructor	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	Fire Investigator	<input type="checkbox"/> Investigator
	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard	<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard		<input type="checkbox"/> IFSAC <input type="checkbox"/> ProBoard

Equivalency

Individuals not holding certification accredited by the International Fire Service Accreditation Congress (IFSAC) or the National Board on Fire Service Professional Qualifications (ProBoard) must comply with the following guidelines:

- A. Candidate must complete the appropriate application and attach supporting documentation.
- B. The candidate must be a member of a fire department, law enforcement agency or do business in the State of Missouri.
- C. Candidate must submit documentation of training and testing that complies with each component of the appropriate NFPA Standard for desired level of certification. Documentation must be dated within the last five years.
- D. Candidate must successfully pass the Division of Fire Safety's written exam with a minimum score of 70% for desired level of certification and practical skills exam, where applicable.
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

Reciprocity

Individuals holding certification accredited by the International Fire Service Accreditation Congress (IFSAC) or the National Board on Fire Service Professional Qualifications (ProBoard) must comply with the following guidelines:

- A. Candidate must complete the appropriate application and attach supporting documentation.
- B. Certificates must clearly indicate IFSAC or Pro Board Accreditation for the level of certification.
- C. Provide the Division with written verification from the non-Missouri certifying authority that the applicant's certification is current, valid and in good standing.
- D. The candidate must be a member of a fire department, law enforcement agency or do business in the State of Missouri.
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

The Missouri Division of Fire Safety Training Division will review and verify all documentation. Once documentation has been reviewed and verified to meet the certification criteria, the candidate will be issued reciprocity. If documentation does not meet the certification requirements, the candidate will be denied reciprocity. The candidate would then be required to complete an approved training program and meet all certification requirements including but not limited to, passing written and practical skills certification exams.

Authorization for Release of Information

I, (Print Full Name)_____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications. I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization. A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____

Date: _____

For Fire Service Only

Signature of Fire Chief: _____

Date: _____

Division of Fire Safety Use Only

Received	Yes	No	Date	Initials		Yes	No	Date	Initials
Driver's License					Passed Written Exam				
Course Records					Passed Skills Exam				
Supporting Documentation					NFPA Standard Certified to:				
Certificate Issued					Explain:				
					Data Entry Date:		Initials:		
Notes:									